



**COUNTY OF MAUI
OFFICE OF COUNCIL SERVICES**

200 S. High Street

Room 703

Wailuku, Hawaii 96793

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

The County of Maui does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment of the provision of services.

Instructions:

- Type or print legibly in ink.
- Fill out both sides carefully and completely.
- The information you provide will determine whether you meet the minimum qualification requirements on the examination announcement.
- Your failure to properly fill out this application may result in your disqualification or dismissal.
- Notify us of any changes to your address or telephone number. We will not be responsible for any mail or correspondence that does not reach you.
- Application assistance and examination accommodation for disabled are available upon request.

1. CITIZENSHIP:

Check the appropriate block below

NOTE: Applicants must be citizens, nationals or permanent resident aliens of the United States.

- A. ☐ Citizen of the U.S.
B. ☐ National of the U.S.
C. ☐ Permanent Resident alien of the U.S.
D. ☐ Non-citizen. Type of visa _____

(For C & D attach verification of alien status and employment authorization to application)

Title of Job Applying For:

COUNCIL SERVICES CLERK

Type of Position:

- Full-time
- Non-civil service
- Appointment subject to approval by the Council
- Appointment concurrent with the term of the Council

Note: The Office of Council Services' employees do not have permanent status. The ordinance governing employment can be changed at any time, and employees may be terminated accordingly.

2. NAME:

Last First Middle

3. SOCIAL SECURITY NO. _____
(voluntary disclosure)

4. MAILING ADDRESS:

City State Zip Code

5. TELEPHONE:

Home Business

6. MAY WE CHECK YOUR EMPLOYMENT RECORD WITH YOUR PRESENT EMPLOYER?

YES ☐ NO ☐

7. CERTIFICATE OF APPLICANT:

***I HEREBY CERTIFY** that all statements in this application are true and correct to the best of my knowledge. I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the County of Maui (Section 76-29, Hawaii Revised Statutes).*

Date

Signature of Applicant

Important: The information you provide will determine whether you meet minimum qualifications. If a training and experience evaluation is part of the examination, the information may affect your grade. All information is subject to verification.

8. EDUCATION AND SPECIAL TRAINING: Attach copies of diplomas, certificates or transcripts, licenses, registrations required for this position or documents you feel are applicable. Refer to recruitment announcement for requirements.

Have you graduated from high school or received a high school equivalent diploma? YES ☐ NO ☐

Name and location of high school:

BUSINESS, TRADE, ARMED FORCES, COLLEGE OR UNIVERSITY AND GRADUATE OR PROFESSIONAL SCHOOLS

NAME OF SCHOOL	ADDRESS (City, State)	Date Attended from				Total Credit Hours Completed	Major Course of Study	Grad		Type of Degree or Certificate
		Mo	Yr	/	Mo	Yr		Y	N	

LICENSE: List any current licenses, registrations, or certificates that you possess which are pertinent to this job. *Must be valid at time of application.*

TITLE	REGISTRATION NO.	DATE FIRST ISSUED	EXPIRATION DATE
Driver's License No.	Class Code: (circle one) 1 2 3 4 A B C Exp. Date		

9. EXPERIENCE: Complete this section even if attaching resume. **Begin with your present job. To receive full credit, describe in detail all work you have done which qualifies you for the position you are applying for.** Include volunteer and military experience. For volunteer and part-time experience, note average hours worked per week. If you held several jobs with the same organization, list them separately. This information may be verified with former employers. If more space is needed, fill out a blank sheet using the same format and attach it to this form.

Employer _____ No. & Titles of employees you supervised: _____ Address _____ Name & Title of immediate supervisor _____ Your title _____ Duties _____ _____ _____ _____ _____	From: Mo. _____ Yr _____ To Mo. _____ Yr _____ Total Yr _____ Mo _____ Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Average hours per week _____ Salary _____ (First _____ Last) Reason for leaving _____ _____
Employer _____ No. & Titles of employees you supervised: _____ Address _____ Name & Title of immediate supervisor _____ Your title _____ Duties _____ _____ _____ _____ _____	From: Mo. _____ Yr _____ To Mo. _____ Yr _____ Total Yr _____ Mo _____ Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Average hours per week _____ Salary _____ (First _____ Last) Reason for leaving _____ _____
Employer _____ No. & Titles of employees you supervised: _____ Address _____ Name & Title of immediate supervisor _____ Your title _____ Duties _____ _____ _____ _____ _____	From: Mo. _____ Yr _____ To Mo. _____ Yr _____ Total Yr _____ Mo _____ Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Average hours per week _____ Salary _____ (First _____ Last) Reason for leaving _____ _____